

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875).

SERIAL NO.	10/599762	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		f	1			
3		f	1			
4						
5			1			
6						
7		2				
8		2				
9		2				
10		⑥				
11		⑥				
12		⑥				
13		⑥				
14		⑥				
15						
16	1		1			
17	1		1			
18	1		1			
19	2		1			
20	2		1			
21	1		1			
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TOTAL IND.			13			
TOTAL DEP.			18			
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						